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<div> <div></div> <div></div> </div> <div> <div>Last</div> <div>First</div> <div>Middle</div> <div>Maiden Name and all Previous Married Names, Alias</div> </div>	
<div> <div></div> <div></div> </div> <div> <div>Date of Birth</div> <div>Gender (male or female)</div> <div>Social Security Number</div> <div>Driver's License Number and State</div> </div>	
<div> <div></div> <div></div> </div> <div> <div>Current Home Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> <div> <div>()</div> <div>Area Code</div> <div>Home phone number</div> </div> </div>	

<u>ADDRESS</u>	<u>CITY AND STATE</u>	<u>FROM</u>	<u>TO</u>

Have you resided in Utah continuously for the last five (5) years? If “no” a completed fingerprint card and business check or money order for \$24.00 for FBI NCIC clearance must accompany this application.	_____
Do you have any felony convictions on your record? (Any felony conviction shall result in non-clearance for a license or Residential certificate or to reside in a home when child care is being provided)	_____
Have you ever been convicted of a misdemeanor? If “yes” documentation must be attached explaining circumstances, age of conviction(s), type of conviction(s), documentation of completion of court requirements, letters of reference, valid documentation of counseling, rehabilitation, etc. (Examples: Domestic violence, simple assault, lewdness, sex solicitation, prostitution, DUI’s, theft, shoplifting, dangerous drugs, any sex offenses).	_____
Are you currently awaiting trial on any felony or misdemeanor charges? Attach written explanation of the charges.	_____
Have you ever been investigated for abuse or neglect of a child by the Utah Department of Human Services, Division of Child and Family Services (Child Protective Service) that resulted in being substantiated? If “yes”, explain on a separate sheet of paper, when, why, and what for.	_____

_____ SIGNATURE	_____ DATE
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FOR DEPARTMENT OF HEALTH USE ONLY

FBI DEPARTMENT OF JUSTICE - RENEW USE ONLY			
DATE RECEIVED	FBI APPROVAL	MIS APPROVAL	CBS APPROVAL

CBS/MIS CONSENT AND RELEASE OF LIABILITY FOR CHILD CARE

INSTRUCTIONS: Please read both sides of this form, PRINT or TYPE, legibly, **IN INK**, completing the entire form, including signatures.

Processing will not be completed if all required information and signatures are not provided.

EMPLOYER SECTION				
NAME OF CHILD CARE FACILITY (If different than provider name)			() AREA CODE AND BUSINESS TELEPHONE NUMBER	
BUSINESS ADDRESS			CITY, STATE, ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)			CITY, STATE, ZIP CODE	
NAME OF REPRESENTATIVE (PLEASE PRINT)*		SIGNATURE OF REPRESENTATIVE		DATE
* The Representative may be the Director/Designee/Provider/Owner of a child care program.				
PROGRAM: (CHECK ALL THAT APPLY)				
<input checked="" type="checkbox"/> CENTER (FULL DAY)	<input checked="" type="checkbox"/> FAMILY GROUP	<input checked="" type="checkbox"/> FAMILY PROVIDER	<input checked="" type="checkbox"/> RESIDENTIAL CERTIFICATE	<input checked="" type="checkbox"/> HOURLY CARE

PURPOSE:

The purpose of the criminal history check as part of the Department of Health (DOH), Office of Child Care Licensing process is to determine whether an individual has been convicted of any crime or has a substantiated finding of child abuse or neglect to aid in protecting the health and safety of children in alternative care.

INSTRUCTIONS:

The Child Care Representative* is responsible for submitting the completed CBS/MIS Consent and Release of Liability form to the Office of Child Care Licensing. The **Child Care Representative** must complete and sign the “**Employer Section**” of this form (this side). The **applicant** must complete and sign the “**Applicant Release Section**” on the reverse side. **Incomplete applications cannot be processed and will be returned.**

If the applicant has not resided in Utah continuously for five (5) years, fingerprints and a business check or money order in the amount of \$24.00 per applicant must be submitted along with this form to process the FBI NCIC check.

Send the completed form to:

**Utah Department of Health
Office of Child Care Licensing
PO Box 142003
Salt Lake City, UT 84114-2003**

If you have any questions or concerns regarding the criminal background screening procedure, please contact the Office of Child Care Licensing at: 538-6152 or toll free: 1-888-287-3704. All other questions should be directed to your employer's Human Resource Manager.

CONFIDENTIALITY

The information acquired will be kept confidential by the Office of Child Care Licensing, and no confidential details of the report will be released or disclosed over the phone. The Office of Child Care Licensing will notify the applicant and child care provider if they do not qualify for clearance based on criteria established in R430-6.

DENIAL

The Office of Child Care Licensing will deny clearance for **any felony convictions** and certain misdemeanor convictions that fall under Utah Criminal Code as offenses against the family, offenses against the person, pornography, prostitution or any type of sexual offense, i.e., simple assault, domestic violence, lewdness, prostitution, child abuse, etc., and may deny clearance on a pattern of convictions regardless of type (in excess of three (3)). If there is an error on an applicant's record or if the applicant is eligible to have their record expunged, it is the applicant's responsibility to resolve the matter by contacting: The Utah Department of Public Safety, Bureau of Criminal Identification. When the matter is resolved, the applicant must provide legal documentation of the expungement, dismissal, etc. to be considered once again for clearance.

EMPLOYEE MUST COMPLETE BACK SIDE OF THIS FORM